

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2009
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095027 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/28/2009 |
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| NAME OF PROVIDER OR SUPPLIER CAPITOL HILL NURSING CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 700 CONST. AVE. NE WASHINGTON, DC 20002 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| K 000 | INITIAL COMMENTS The Life Safety Code inspection was conducted at your facility on July 28, 2009. The following deficiencies were based on observations, staff interviews and record review. | K 000 | | |
| K 017 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that penetrations were observed in smoke barrier walls and walls were not in good condition to prevent the passage of smoke in the event of a fire in the: Mechanical Room on the 4th Floor in one (1) of two (2) observed locations and near room 4117 in two (2) of two (2) observed locations. These findings were observed in the presence of Employee #4. | K 017 | 1. Mechanical Room on the 4 th floor near Room 4117 and 1 ½ inch penetration around the duct work above the double doors near room 4117 were repaired on 8/29/09. 2. Walk-through of the residents' rooms, hallways and shower rooms were conducted by the Maintenance Staff to identify and repair all areas affected. All areas were corrected as needed. 3. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. 4. Findings will be monitored monthly, then quarterly in CQI to ensure compliance. | 9/14/09 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Calantha Green</i> | TITLE <i>Administrator</i> | (X6) DATE <i>9-25-09</i> |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 017 | Continued From page 1 The findings include: 1. A 1 inch penetration was observed in smoke barrier walls where BX cables penetrate walls and a section of wall approximately 2 x 2 feet was filled with cardboard instead of dry wall in the Mechanical Room on the 4th Floor in one (1) of two (2) observed locations at 3:00 PM on July 28, 2009. 2. A 1 inch penetration was observed around BX cable and a 4 inch opening was observed around ductwork above double doors near room 4117 in two (2) of two (2) observed locations at 3:15 PM on July 28, 2009. | K 017 | | |
| K 018 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. | K 018 | Fourth Floor, #1; Fifth Floor, #1 and #2 Sixth Floor #1 1. Double smoke-barrier doors that fail to close and fit flush near Room 4117 was repaired on 9/2/09. Entrance doors to Room 5120, 5140, 5153, and the Pantry that fail to close were repaired on 9/2/09. Double fire doors in the hallways near 5117 and 5130 that fail to close or latch into frames were repaired on 9/2/09. Entrance doors that failed to close near from 6140, 6141, 6152 and Day Room 6126 was repaired on 9/2/09. 2. Walk-throughs of the residents' rooms, hallways and shower rooms were conducted by the Maintenance Staff to identify and repair all areas affected. All areas were corrected as needed. 3. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. 4. Findings will be monitored monthly, then quarterly in CQI to ensure compliance. | 9/14/09 |

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| K 018 | <p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that fire doors, smoke barrier and resident doors failed to latch into frames when tested: near room 4117 in one (1) of four (4) doors, fifth floor in four (4) of five (5) doors, sixth floor in four (4) of five (5) doors and sixth floor near rooms 6116 and 6140 in two (2) of four (4) doors. These findings were observed in the presence of Employee #4.</p> <p>The findings include:</p> <p>Fourth Floor</p> <p>1. Double smoke barrier doors failed to close and fit flush against each other when tested near room 4117 in one (1) of four (4) doors observed at 3:15 PM on July 28, 2009.</p> <p>Fifth Floor</p> <p>1. Entrance door to rooms 5120, 5140, 5153 and the Pantry failed to close without assistance in four (4) of five (5) doors observed at 3:30 PM on July 28, 2009.</p> <p>2. Double fire doors in the hallway near room 5117 and 5153 failed to close or latch into frames when tested in two (2) of four (4) doors observed at 3:30 PM on July 28, 2009.</p> <p>Sixth Floor</p> <p>1. Entrance doors failed to close without assistance when tested in rooms 6140, 6141, 6151 and Day Room 6126 in four (4) of five (5)</p> | K 018 | | |
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| K 018 | Continued From page 3 doors observed at 4:30 PM on July 28, 2009. 2. Double swinging fire doors failed to close or latch into frames without assistance near rooms 6116, 6140 in two (2) of four (4) doors observed at 4:30 PM on July 28, 2009. | K 018 | | |
| K 045 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 Based on observations during the Life Safety Code inspection, it was determined that light fixtures in the stairwells were not illuminated to provide lighting in the event of a fire, between the 5th and 6th floor near room 5153 in one (1) of three (3) observed fixtures, between the 5th and 6th floor near room 5117 in one (1) of three (3) observed fixtures and between the 5th and 6th floors near room 6203 in one (1) of three (3) observed fixtures. These findings were observed in the presence of Employee #4. The findings include: Fifth Floor 1. Light fixtures in the stairwell failed to provide illumination between the 5th and 6th floor near rooms 5153 in one (1) of three (3) observed fixtures at 3:35 PM on July 28, 2009. | K 045 | Fifth Floor #1 and #2; Sixth Floor 1. Light fixtures in stairwell between fifth and sixth floor that fail to illuminate near Rooms 5153 and 5117, and the stairwell lamps between the fifth and sixth floors near Room 6203 were repaired on 8/31/09. 2. Walk-throughs of the residents' rooms, hallways and shower rooms were conducted by the Maintenance Staff to identify and repair all areas affected. All areas were corrected as needed. 3. A system has been established to provide frequent and collaborative Environment of Care (EOC) rounds of the facility. 4. Findings will be monitored monthly, then quarterly in CQI to ensure compliance. | 9/14/09 |

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| K 045 | <p>Continued From page 4</p> <p>2. Light fixtures in the stairwell failed to provide illumination between the 5th and 6th floors near room 5117 in one (1) of three (3) observed fixtures at 4:10 PM on July 28, 2009.</p> <p>Sixth Floor</p> <p>Stairwell lamps were not illuminated to provide lighting in the event of a fire between the 5th and 6th floors near room 6203 in one (1) of three (3) observed fixtures at 4:45 PM on July 28, 2009.</p> <p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observations during the Life Safety Code inspection, it was determined that elevator pits were not in good condition to prevent the seepage of water and the accumulation of debris on floor surfaces in elevator pits 1, 2, 3 and 4 in four (4) of four (4) observed elevators. These findings were observed in the presence of employee # 4.</p> <p>The following include:</p> <p>During the Life Safety Code inspection of the elevators pits in the basement, it was determined that elevator pit wall surfaces were not in good condition to prevent water seepage and accumulation, dampness, and noted debris and paper products on the floor surfaces of pits 1, 2, 3 and 4 in four (4) of four (4) elevators observed at 5:15 PM on July 28, 2009.</p> | K 045 | | |
| K 130 SS=E | | K 130 | <ol style="list-style-type: none"> 1. The Elevators Pit in the basement that was cited as not being in good condition to prevent water seepage and accumulation, dampness, and noted debris as well as paper products on the floor surface have been investigated and ameliorated. Water proofing of the pit is scheduled to be corrected by a contractor on 10/15/09. 2. There has been no negative outcome for this deficiency. 3. Semi-annual inspection of the elevator pits will be done by the elevator maintenance contractor. 4. Results of the elevator pits inspections will be monitored and reported monthly, then quarterly, to the CQI. | 9/14/09 |